

TRICARE Retail Pharmacy  
MDA906-03-R-0002  
Attachment 19-L  
Past Performance Questionnaire

PAST PERFORMANCE REPORT

Contractor/Subcontractor Name:

Customer/Account Name:

Address:

Primary Point of Contact Name:  
Alternate Point of Contact Name:

Phone Number:  
Phone Number:

Fax Number:  
Fax Number:

Contract Summary:

Period of Performance:

Type and Scope of Services Provided:

Contract Value:

1. Did the contractor achieve the objectives of the contract? (Please circle one)

☐ exceeded objectives most of the time   ☐ met objectives most of the time   ☐ met  
objectives some of the time   ☐ did not meet objectives   ☐ not applicable

Comments:

2. Did the contractor meet the terms and conditions of the contract?

☐ exceeded objectives most of the time   ☐ met objectives most of the time   ☐ met  
objectives some of the time   ☐ did not meet objectives   ☐ not applicable

Comments:

3. Did the contractor perform in a timely manner?

☐ exceeded objectives most of the time   ☐ met objectives most of the time   ☐ met objectives some of the time   ☐ did not meet objectives   ☐ not applicable

Comments:

4. Was the contractor responsive to resolving problems (within the scope of the contract)?

☐ exceeded objectives most of the time   ☐ met objectives most of the time   ☐ met objectives some of the time   ☐ did not meet objectives   ☐ not applicable

Comments:

5. Did the knowledge, skills and abilities of the contractor's staff

☐ exceed objectives most of the time   ☐ met objectives most of the time   ☐ met objectives some of the time   ☐ did not meet objectives   ☐ not applicable

Comments:

6. Were the clients satisfied?

☐ highly satisfied   ☐ satisfied   ☐ somewhat satisfied   ☐ Not satisfied   ☐ not applicable

Comments:

7. Would you do business with this contractor in the future? ☐ Yes ☐ No

If no, why not?

Signature of Reference

Date